

**WATER BOTTLING PLANT LICENSE APPLICATION  
(IN-STATE OR OUT-OF-STATE BOTTLER)****PLEASE COMPLETE THIS FORM FULLY—INCOMPLETE APPLICATIONS WILL BE RETURNED****See Page 2 for Instructions.**☐ NEW APPLICANT    ☐ RENEWAL APPLICANT    ☐ RELOCATION    ☐ OWNERSHIP CHANGE    ☐ OWNERSHIP AND LOCATION CHANGE

1. Name of Firm			9. Facility Operator (name and title)	
2. DBA (List additional DBAs on separate sheet if necessary.)			10. Facility Telephone Number (     )	11. Facility FAX Number (     )
3. Facility Address (number, street)			12. 24-Hour Emergency Telephone Number (     )	13. E-Mail Address
4. Facility Address (continued)			14. Correspondent (name and title)	
5. City	State	ZIP Code	15. Correspondent Telephone Number (     )	16. Correspondent FAX Number (     )
6. Mailing Address (if different or P.O. Box number)			17. Country (if other than United States)	18. FDA CFN or FEI Number
7. Mailing Address (continued)			19. Website (URL)	
8. City	State	ZIP Code	20. Interstate Commerce <input type="checkbox"/> Product Shipped <input type="checkbox"/> Product or Raw Materials Received <input type="checkbox"/> N/A	

21. Type of Ownership <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/Limited Liability Company <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other _____	
22. Corporate Name (if applicable)	State of Incorporation
23. Owners' or Officers' Names and Titles	Owners' or Officers' Names and Titles

24. Bottled Water Products (check all that apply and attach labels) <input type="checkbox"/> A—Drinking <input type="checkbox"/> E—Fluoridated <input type="checkbox"/> I—Carbonated <input type="checkbox"/> B—Distilled <input type="checkbox"/> F—Flavored <input type="checkbox"/> J—Purified by Deionization <input type="checkbox"/> C—With Added Minerals <input type="checkbox"/> G—Spring <input type="checkbox"/> K—Purified by Reverse Osmosis <input type="checkbox"/> D—Mineral <input type="checkbox"/> H—Artesian Well <input type="checkbox"/> L—Well (non-Artesian) <input type="checkbox"/> M—Other (describe): _____	25. Average Weekly gallonage production for the last year** (renewal only)  _____ ** Average weekly production is determined by dividing the total number of gallons either produced in or shipped into California by 52.
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26. List All Product Brand Names Bottled At This Facility (attach a separate sheet if necessary)			

27. Water Source(s): <input type="checkbox"/> Private Water <input type="checkbox"/> Municipal Water			
28. Name of Private Source(s) or Water District		California Private Water Source License Number	Operator's Telephone Number (     )
Source Address (number, street)		City	State    ZIP Code
Description of Location or Source			

29. LICENSE FEE (Fee is Non-Refundable) <input type="checkbox"/> New Applicant—\$1,335.00 <input type="checkbox"/> Renewal Applicant—\$473.00—Less Than 5,000 Gallons/Week <input type="checkbox"/> Renewal Applicant—\$1,335.00—More Than 5,000 Gallons/Week	<b>MAKE CHECKS PAYABLE TO:</b> <b>CA DEPARTMENT OF PUBLIC HEALTH</b> See Page 2 for Mailing Address.
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**By signature, I declare under penalty of perjury that all information provided herein is true and correct.**

30. Signature		Date
Print Name	Print Title	

**PLEASE DO NOT WRITE BELOW THIS LINE**

License Number	Expiration Date	Date Received	Payment Type	Amount \$
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## Water Bottling Plant License Application Instructions

### Please Type or Print your Application.

**New Applicant/Renewal Applicant:** Place an (X) in the box next to New Applicant if your firm has not previously applied for a Water Bottling Plant License at this location while under the current ownership. Place an (X) in the box next to Renewal Applicant if your firm has already obtained a Water Bottling Plant License for this location and you are renewing that license. If this firm has changed location, ownership, or both, place an (X) in the box adjacent to the appropriate response.

1. **Name of Firm:** Enter the full name of business, corporation, company, or organization applying for licensure.
2. **DBA:** Enter any other name(s) your company is doing business as.
- 3.–5. **Facility Address:** Enter the number, street, city, state, and ZIP code for this facility location.
- 6.–8. **Mailing Address:** Enter the full mailing address if different from the facility address.
9. **Facility Operator:** Enter the full name of the person who manages the operations at this facility and their title.
10. **Facility Telephone Number:** Enter the daytime business telephone number of this facility.
11. **Facility FAX Number:** Enter the facility FAX number.
12. **24-Hour Emergency Telephone Number:** Enter the telephone number to be called in the event of an emergency.
13. **E-mail Address:** Enter the facility e-mail address.
14. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
15. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
16. **Correspondent FAX Number:** Enter the daytime business FAX number of the contact person.
17. **Country:** Enter the country where your facility is located if outside of the United States.
18. **FDA CFN or FEI:** Enter your U.S. Food and Drug Administration Central File Number or Federal Establishment ID if known.
19. **Website:** Enter the website address for your business if applicable.
20. **Interstate Commerce:** Place an (X) in the boxes that correctly describe your business' receipt or distribution of products or materials through or into interstate commerce.
21. **Type of Ownership:** Place an (X) in the box adjacent to the appropriate legal description of the facility's ownership.
22. **Corporate Name:** Enter the corporate name if applicable. Enter the State of Incorporation if applicable.
23. **Owners' or Officers' Names and Titles:** List the business owners' or officers' names and titles.
24. **Bottled Water Products:** Place an (X) in the box adjacent to the types of water products handled and processed at this facility.
25. **Average Weekly Gallonage—For Renewal Applicants Only:** Enter the average weekly gallonage of water processed at this facility.
26. **Product Brand Names:** List all product brand names that are bottled at this facility. Attach a separate sheet if additional space is needed.
27. **Water Source:** Place an (X) in the box adjacent to the water source(s) used by this bottling plant.
28. **Name and Address of Source or Water District:** Enter the name, address, telephone, and if applicable, Private Water Source License Number for your source water provider. Describe location of source water if not provided by a water district or CDPH-licensed private water source operator.
29. **License Fee:** Place an (X) in the box next to the proper fee category for this bottling plant:
  - All new applicants must mark the New Applicant box.
  - Mark the "Renewal Applicant—\$473.00" box if your facility produces less than 5,000 gallons per week.
  - Mark the "Renewal Applicant—\$1,335.00" box if your facility produces more than 5,000 gallons per week.
- \*\* **LICENSE FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE TO OTHER LOCATIONS OR ENTITIES**
30. **Sign the application, enter date signed, and print your name and title.**

MAKE CHECKS PAYABLE TO:  
MAIL APPLICATION AND CHECK TO:

CA DEPARTMENT OF PUBLIC HEALTH

**Regular Mail:** California Department of Public Health  
Food and Drug Branch - Cashier  
MS 7602  
P.O. Box 997435  
Sacramento, CA 95899-7435

**Overnight Mail:** California Department of Public Health  
Food and Drug Branch - Cashier  
1500 Capitol Avenue, MS-7602  
Sacramento, CA 95814

Call the Food and Drug Branch at (916) 650-6500 if you have additional questions about this application.